

DRAFT

Quality Assurance Guidelines for DMH Directly-Operated Programs

Effective February 2012



**Program Support Bureau
Quality Assurance Division**

Purpose

1. To establish a systematic process for reviewing *clinical records* (hereinafter and for purposes of this document referred as *charts*) to ensure compliance with Federal, State and DMH standards, laws, regulations and guidelines.
2. To ensure that medical necessity criteria is met and drives the specialty mental health services received by the client.
3. To provide information required for evaluating and monitoring provider documentation as well as developing processes for enhancing staff training and service delivery.

Policy

1. All Short-Doyle/Medi-Cal Organizational Providers shall have a Quality Assurance Committee (QAC).
2. The QAC shall meet at least monthly to conduct chart reviews, or more frequently based on agency need.
3. The QAC shall ensure that all elements of the Chart Checklist (Attachment 1) are present in the chart.
4. The QAC shall conduct initial chart reviews on 100% of charts opened within 45 days of admission.
 - a. Review Period = 45 days
5. The QAC shall conduct annual chart reviews of at least 5% of charts within one month prior to the cycle month on a quarterly basis.
 - a. The review shall be based on random selection of charts and should include at least one chart from each Rendering Provider.
 - b. Review Period = 3 months prior to the Cycle Month
 - i. Cycle Month = Month of Admission
 - ii. If Cycle Month is April 2012, then your Review Period = Jan, Feb and March 2012
6. The QAC shall use the Chart Review Tool (Attachment 2) as the minimum standard for reviewing charts. Additional elements may be added to the tool to review charts at the QAC Chairperson's discretion.
7. The Chart Review Tool may be completed by any staff authorized by the QAC Chairperson. However, those items on the Chart Review Tool that are designated by an asterisk (*) must be completed by an Authorized Mental Health Discipline (AMHD).

- a. Clinical concerns discovered during the course of the chart review should be reported to the QAC Chairperson, Supervisor, and/or Program Manager for resolution.
 - i. Concerns involving incomplete medication notes and/or the lack of medication objectives on the Client Care Plan (CCP) should be reported to the Supervising Psychiatrist by the QAC Chairperson, Supervisor or Program Manager.
- 8. All outcomes of chart reviews shall be analyzed and documented annually to identify trend(s) and charting issues that warrant a referral to the provider's internal Quality Improvement Committee (QIC) and discussion of a possible Performance Improvement Plan (PIP).
 - a. Refer to the DMH Policy No. 105.01 – Quality Improvement Program Policy 105.01, which is located on the DMH Website and accessed through the following link: <http://dmhhqportal1/sites/DMHPAP>

Procedures

- 1. The QAC shall consist of members who are claiming Specialty Mental Health Services throughout the organization, including supervisory staff.
- 2. The QAC Chairperson must be a licensed MD/DO, NP, PsyD or PhD, LCSW, MFT, CNS or RN.
- 3. The QAC Chairperson is the Program Manager or designee.
- 4. All direct claiming staff regardless of discipline and/or licensure status shall rotate on the QAC in order to maintain consistent membership.
 - a. Each member shall attend at least once annually.
 - b. The QAC shall be familiar with all items on the Chart Review Tool.
- 5. The membership terms should be determined by the QAC Chairperson.
- 6. Chart review activities conducted by the QAC shall ensure that the requirements of the following are met:
 - a. DMH Policies & Procedures (located on the DMH Website and accessed through the following link: <http://dmhhqportal1/sites/DMHPAP>)
 - i. 104.09 – Clinical Documentation: For All Payor Sources
 - ii. 104.08 – Clinical Records Guidelines
 - iii. 104.05 – Closing of Service Episodes
 - b. DMH Organizational Providers Manual and the Procedure Codes Manual, which are available on the DMH website and may be accessed through the following link: http://dmh.lacounty.gov/wps/portal/dmh/admin_tools

7. QAC Chairperson Responsibilities:

- a. Ensure that all of the items on the Chart Review Tool, including those to be performed by an AMHD only, are addressed by the reviewer(s).
- b. Ensure that an IS report for the Review Period is available for every chart being reviewed.
- c. Provide supervisors with the "Follow-Up Items" noted on their supervisees' completed Chart Review Tools.
- d. Refer any "Follow-Up Items" addressing medical necessity and/or documentation requirements to the Program Manager.
- e. Develop the agenda and maintain minutes of all meeting activity. Minutes must reflect all decisions and actions of QAC and shall be signed and dated by the QAC Chairperson.
- f. Provide minutes of the meetings to the agency's internal QIC once per quarter.
- g. Maintain an ongoing QA log of all reviewed charts with the following identification information of each chart: client's name, review date, review period, and type of review.
- h. Ensure that the QAC meeting agenda, minutes and attendance records, along with the Chart Review Tool forms are stored in an administrative file and maintained for three years.
- i. Complete the Monitoring Report (Attachment 3) each quarter and fax the report and respective materials to DMH QA Division @ (213) 381-8386.
 - i. Please adhere to the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) faxing procedure, which can be located at <http://dmhhqportal1/sites/DMHPAP> under DMH Policy No. 500.21 – Safeguards for Protected Health Information (PHI).
- j. Serve as a resource person to other agency staff members with QA-related questions. In the event that the QAC Chair is unable to respond to a particular QA-related question, the Service Area QA Liaison will be contacted by the QAC Chair for assistance.
- k. Execute other QA activities that are not defined here.

8. Program Manager Responsibilities:

- a. Provide resolution on referred “Follow-Up Items” addressing medical necessity and/or documentation requirements.
- b. Analyze and document all outcomes of chart reviews annually to identify trend(s) and charting issues that may warrant a referral to the Provider’s internal QIC, and/or a discussion of a Performance Improvement Plan (PIP).

9. Supervisor Responsibilities:

- a. Review follow-up items from Chart Review Tools provided by the QAC Chairperson.
- b. Address follow-up items with supervisees in order to identify the most effective plan of action.
- c. Monitor and evaluate a supervisee’s quality of service delivery and documentation. Supervisors shall review DMH Policy No. 106.08 – Clinical Rehabilitative and Case Management Service Delivery Supervision.

10. Quality Assurance Division Responsibilities

- a. Complete the Evaluation Report (Attachment 4) for on-site clinic review.
- b. Provide QA technical assistance and support to all providers. Questions may be emailed to: QA@dmh.lacounty.gov

11. Claiming QA Oversight Activities

- a. For instructions on claiming QA activities, QAC members must review the Quality Assurance Reimbursable Guide.

12. Confidentiality

- a. QAC activities are conducted according to HIPAA for Health Care Operations, as noted in the Los Angeles County DMH Notice of Privacy Practices.
- b. Records / materials generated through the QA process must be safeguarded against unauthorized access.
- c. No reference to the QAC process shall be made within the clinical record.